

Application Data Sheet

Application Information

Application Number:: 60/413,262

Filing Date:: 09/25/2002

Application Type:: Utility

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission:: Paper

Computer Readable Form (CRF):: No

Number of copies of CRF::

Title:: E-Learning Biometric Identification Information System

Attorney Docket Number::

Request for Early Publication::No

Request for Non-Publication::No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity::Yes

Latin Name::

Variety denomination name::

Petition included::No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type::Inventor

Primary Citizenship

Country:: US

Status:: Full Capacity

Given Name:: Esther

Middle Name:: Mae

Family Name:: Pearson

Name Suffix::

City of Residence:: Groton

State of Residence:: MA

Country of Residence:: US

Street of mailing address:: 15 Squannacook Drive

City of mailing address:: Groton

State or Province of mailing address:: MA

Country of mailing address:: US

Zip Code of mailing address:: 01450

Correspondence Information

Correspondence Customer Number::

Name::Esther Mae Pearson

Street of mailing address:: 15 Squannacook Drive

City of mailing address:: Groton

State or Province of mailing address: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 01450

Phone number:: 978-448-6319

Fax number:: 978-448-3234

E-Mail address:: epearson@tp-group.net

Representative Information

| | | |
|----------------------------------|--|--|
| Representative Customer Number:: | | |
| | | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |

Assignee Information

Assignee name::

Street of mailing

Address::

City of mailing address::

State or Province of mailing address::

Country of mailing

Address::

Postal or Zip Code of

Mailing address::